



Minnesota Hospital Association

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Chair Wiklund and members of the Senate Health and Human Services Committee,

On behalf of the Minnesota Hospital Association (MHA), we write in support of SF 164 (Morrison) to allow women to receive long-acting reversible contraception (LARC), such as intrauterine devices (IUD) or implants, in an inpatient setting immediate postpartum. Minnesota is one of roughly ten states that have not utilized guidance released by the Centers for Medicare and Medicaid Services (CMS) in 2016, that outlines payment approaches several state Medicaid agencies have used to optimize access and use of LARC. MHA supports following this guidance and reimbursing hospitals and practitioners for the LARC device outside of the global diagnostic related group reimbursement for labor and delivery.

The immediate postpartum period is particularly favorable for IUD or implant insertion and the hospital setting offers convenience for the patient and the health care provider. MHA recognizes the American College of Obstetricians and Gynecologists' recommendation to support immediate postpartum LARC insertion as a best practice and an appealing option for women who may want to become pregnant in the future but also desire long-term, highly effective pregnancy prevention. Given that on average Medicaid reimburses hospitals in Minnesota an estimated 27% below cost, the separate reimbursement for LARC insertion will expand access to this family planning option for women across the state.

Thank you for your consideration of our comments.

Sincerely,

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